CITY OF DE PERE APPLICATION FOR OPERATOR'S (BARTENDER'S) LICENSE

INSTRUCTIONS: Complete and return this form to the office of the City Clerk with the appropriate fee and your Responsible Beverage Server Class Certificate. If this is a renewal, the certificate is not necessary.



July 1, 2020 - June 30, 2022

Check all that apply:	
☐ Operator License Fee:	\$55.00
☐ Check if application is a renewal	
☐ Operator and Provisional License:	\$70.00
☐ Temporary Operator License Fee:	\$21.00
Date Needed:	_
Event Name:	_
Total Due (Non-Refundable):	
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ADDI ICANT					
AFFLICANI	Last First	<u> </u>	Middle	Previous Name(s)	
HOME ADDRESS	Last	L	Middle	1 revious (vaine(s)	
HOWE ADDRESS	Street Address	City	State	Zip	
PREVIOUS ADDRESS	C	-	State	Zip	
TRE VIOUS ADDRESS	Street Address	City	State	Zip	
DATE OF BIRTH					
DATE OF BIRTH AGE (At time of application) HM. PH. #					
CELL DI #	E-MAIL ADDRI	ECC			
CELETII :#	E-MAIL ADDRI	LDD			
DDIVED'S LICENSE or	WISCONSIN ID #			STATE ISSUED	
DRIVER'S LICENSE OF	WISCONSIN ID #			STATE ISSUED	
DI ACE OF EMDI OVMI	ENT UNDER THIS LICENSE_			PHONE	
TEACE OF EMILEOT MI	ENT ONDER THIS LICENSE_			_1 HONE	
HAVE YOU EVER B	EEN CONVICTED OF OR (CHARGED W	ITH THE FOLLOWIN	IG VIOLATIONS, IN AND/OR OUT	
OF WISCONSIN? CIR	RCLE THE APPROPRIATE A	ANSWER.			
If application is a rene	ewal, please list only those v	iolations occ	urring in the past two y	years.	
• FELONIES (No date	limit)			YES NO	
• MISDEMEANORS (YES NO	
	CE OFFENSES Do not list traffic	a or narkina viol	ations	YES NO	
• ALCOHOL RELATE	33	or parking viole	illons	YES NO	
• ANY PENDING CIT	ATIONS OR ARRESTS			YES NO	
LIST DATE, LOCATION, AND DISPOSITION OF ALL ABOVE STATED VIOLATIONS (Including pending violations)					
	ATTACH ADDITIONAL PA		CESSARY.		
VIOLATION		DATE	LOCATION	GUILTY/DISMISSED	
APPI ICANTS MAV R	E DENIED FOR INCOMPLY	ETE OR INA	CCURATE FORMS AT	I ITEMS MUST RE COMPLETED	
APPLICANTS MAY BE DENIED FOR INCOMPLETE OR INACCURATE FORMS. ALL ITEMS MUST BE COMPLETED. MEETING DATE					
WEETING DATE					
X		-			
Applicant Signature					
Official Use Only- Date	Received: Ro	eceint#:	Annroval Date:	License#	
O Subject has no arrest/conviction record with either the Wisconsin State Crime Bureau or with the De Pere Police Department					
O Files indicate the subject has the following/attached (Arrest)(Conviction) record					
Comments:					

Date: _____

De Pere Police Dept. Authorized Signature: